

REQUISITION PROFORMA FOR LUNG TUMOURS

PATIENT DEMOGRAPHICS

Name Age/Sex..... Case no

Date & Time of surgery

Referring Consultant.....

CLINICAL DATA AND SPECIMEN TYPE

- a. **Tumour location- Right Lung : upper/middle/Lower : Left Lung : Upper/middle**
- b. **Imaging finding-:** X-ray chest/CT/ PET-CT/ Bronchoscopy(for tumour Size location/number of tumours if multiple/Lymph node status/Adjacent lung)Radiological TNM Stage
- c. **Pre-operative therapy (Specify –neo-adjuvant CT/ RT):** yes no Not Available
- d. **Previous cytology or biopsy results(if available):** Not Available
- e. History of Tobacco intake /amount/ Years ; Smoking Chewable NIL
- f. **Operative Procedure:** Wedge resection/ Segmentectomy/ Bilobectomy/ Sleeve lobectomy/ Lobectomy/Pneumonectomy/ Major airway resection (specify)/Other (specify)

REQUISITION PROFORMA FOR OESOPHAGEAL TUMOURS

PATIENT DEMOGRAPHICS

Name Age/Sex..... Case no

Date & Time of surgery

Referring Consultant.....

CLINICAL DATA AND SPECIMEN TYPE

- a. **Tumour location:** Cervical, upper thoracic, mid thoracic, lower thoracic oesophagus/ Gastro-Oesophageal Junction(GEJ)
- b. **Imaging findings-:** X-ray chest/CT/ PET-CT/ Endoscopy....Radiological TNM Stage
- c. **Pre-operative therapy (Specify –neo-adjuvant CT/ RT):** yes no Not Available
- d. **Previous cytology or biopsy results(if available):** Not Available
- e. History of Tobacco intake /amount/ Years ; Smoking Chewable NIL
- f. **Operative Procedure:**Partial esophagectomy/Total esophagectomy/ Esophagogastrectomy

REQUISITION PROFORMA FOR THYMIC TUMORS

1. PATIENT DEMOGRAPHICS

Name Age/Sex..... Case no

Date & Time of surgery

Referring Consultant.....

2. CLINICAL DATA AND SPECIMEN TYPE

a. **Tumour location:**

b. **Imaging findings:**

c. **Clinical Information:** Myasthenia gravis/ Pure red cell aplasia/ Rheumatoid arthritis/ Others

d. **Serum Tumor marker levels:** Not Available

e. **Pre-operative therapy (Specify –neo-adjuvant CT/ RT):** yes no Not Available

f. **Operative Procedure:** Radical thymectomy/ Partial thymectomy/ Total thymectomy/ Not specified

REQUISITION PROFORMA FOR MESOTHELIAL TUMORS

PATIENT DEMOGRAPHICS

Name Age/Sex..... Case no

Date & Time of surgery

Referring Consultant.....

CLINICAL DATA AND SPECIMEN TYPE

a. **Tumour location**

b. **Imaging findings :** X-ray chest/CT/ PET-CT/ (for tumour growth pattern i.e nodular or diffuse and extend of the disease)

c. **History of previous cancer:** To rule out metastasis and do the diagnostic work up accordingly

d. **Pleural effusion & Previous cytology or biopsy results**

e. **Asbestos exposure/nature/years** yes no Not Available

f. **Pre-operative therapy (Specify –neo-adjuvant CT/ RT):** yes no Not stated

SPECIMEN ORIENTATION(applicable for all specimens):

- Specimen orientation is to be done by the surgeon using short superior and Long lateral threads.
- Areas of concern need to be marked separately with ink/more sutures and communicated to the pathologist.